

structure was much altered. In parts the kidney was not recognized. The whole tissue was permeated by a fine network of connective tissue, with here and there islands of a more dense cellular infiltration. This infiltration consisted mainly of lymphocytes with newly developing connective tissue cells. The tubules had for the most part been destroyed and the glomeruli reduced. Several arteries with the intima much thickened were seen. No definite giant-cells were seen, and tubercle formation was wanting. Caseation was not present, but cedematous granulation tissue was seen in areas. This granulation tissue contained chiefly lymphocytes, but plasma cells were by no means inconspicuous, and a few eosinophyles were met with. The tissue in the immediate vicinity of the macroscopically caseous areas was found to consist of very dense but young fibrous tissue, which was everywhere diffusely infiltrated with round-cells of the usual chronic inflammatory type. Plasma cells were also met with. This fibrous portion was continuous with the dense fibrous tissue which occurred about the kidney. The central parts of the caseous-looking mass were hyaline, and the number of cells was decidedly small. New capillaries were numerous, not only in the vicinity of the caseous mass but in the granulation tissue abutting on the renal tissue. In the more healthy parts of the kidney the tubules were large, and showed some erosion and degeneration of the cells. True tubules were not present, and tubercle bacilli could not be found. Gram's method was also used, but no organisms could be found. In this case, again, the evidence for or against tuberculosis is conflicting, and we are again struck with the fact of giant-cell systems being wanting from a tissue which to all appearances is tuberculous and not syphilitic. The fact of the appearance of inflammatory cell-aggregations, like those of the preceding case, with the occurrence of fibrous tissue as a capsule around them, is very instructive, because here we have a case in which there is not the remotest suspicion of a syphilitic infection either recent or congenital, and yet the appearance of many parts of the tissue is almost identical with those of the preceding case. The only essential difference is that this third case presents much more fibrous tissue, and that the fibrous tissue is rather more localized in distribution. There seems no choice but to accept this case as a tuberculous one, so that the second one can be put into the same category in view of the difficulties of accepting it as syphilitic,—difficulties already sufficiently discussed.

It requires no specially detailed discussion to bring out the intricacies and peculiarities of these cases; and it is evident that they each present rather unusual features. In each case the diagnosis was difficult, and indeed in only the first case is there even now any certainty that the